

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS North Derbyshire, Southern Derbyshire, Hardwick and Erewash clinical commissioning groups, Derbyshire Community Health Service Foundation Trust, Derbyshire Healthcare Foundation Trust, Derby Teaching Hospital and Chesterfield Royal Hospital foundation trusts. It provides recommendations on the prescribing and commissioning of drugs.

See <http://www.derbyshiremedicinesmanagement.nhs.uk/home>

KEY MESSAGES FROM THE JAPC SEPTEMBER 2017 MEETING

CLINICAL GUIDELINES

1. GORD and Dyspepsia in adults' guideline. Updated to include; advice on self-care, offering H Pylori 'test and treat' or PPI for un-investigated dyspepsia, advice on recurrent and persistent symptoms and advice on re-test for H Pylori.

SHARED CARE GUIDELINES

1. Azathioprine / 6-mercaptopurine-updated in line with BSR 2017 guidance. Requires standard immunomodulating monitoring
2. Sodium Aurothiomalate (Gold) -updated in line with BSR 2017 guidance. Clinicians are reminded of a urinalysis before each injection and to seek advice in patients experiencing any respiratory changes.
3. Leflunomide- updated in line with BSR 2017 guidance. Key points include; BP monitoring and patients to report unexplained weight loss, strict advice to women and men wishing to conceive and drug specific adverse effects.

Although not covered under shared care agreement the advice for checking visual impairment annually for hydroxychloroquine remains until the outcome of the Royal College of Ophthalmology consultation.

PATIENT GROUP DIRECTIONS

DHU Health Care CIC (DHU) have a new PGD agreed for salbutamol nebuliser for relief of acute severe/ life-threatening bronchospasm in patients over the age of 4 years

PHE and NHSE have agreed PGDs for; Influenza vaccine nasal spray (Fluenz Tetra), Influenza vaccine, Hexavalent combination guidance, DTaP/IPV/Hib/Hep B and DTaP/IPV/Hib

NOVEL ORAL ANTI-COAGULANTS (NOACs) WITH EXTREME BODY WEIGHT

The International Society on Thrombosis and Haemostasis (ISTH) has issued [guidance](#) following its evaluation of the efficacy and evidence in patients with **extreme** body weight. Whilst the SPCs may not preclude use of the NOACs (see local [AF guidance](#) for a summary) JAPC has adopted this advice for prescribers that in such situations consider warfarin ahead of NOACs. In patients with a BMI $\geq 40\text{kg/m}^2$ or weight ≥ 120 kg there is limited clinical data available. The ISTH states there are concerns of under-dosing from reduced drug exposure, reduced peak concentrations and shorter half-lives in this set of patients.

Juxta CURES adjustable compression bandages (Brown after consultant /specialist initiation)

Juxta CURES is a compression bandage in the treatment of venous leg ulcers. The evidence supporting their use is limited to case studies with no active comparison to 3 or 4 layer compression bandaging, the current preferred option. JAPC has agreed that there may be a small number of patients who are identified by the specialist vascular nurses or tissue viability specialists that can be trained to use the device and where access to services is limited. GPs may be asked to continue to prescribe the devices by the specialist, noting that each device lasts 6 months, and should be prescribed as acute item and that the care of the patient remains under specialist assessment. Juxta CURES should not be added to the repeat records and only issued as acute prescriptions.

INTERFACE BETWEEN PRIMARY AND SECONDARY CARE

NHSE has published a useful [document](#) that outlines the key national requirements of the relationship and responsibilities between primary and secondary care at the interface. These include for example communication, discharge and DNAs. The [Derbyshire Prescribing Specification](#) which forms part of the contract with providers is being updated in line with these recommendations.

REGIONAL MEDICINES OPTIMISATION COMMITTEES (RMOCS)

Nationally as a drive to support CCGs and providers in avoiding duplication of work and reducing variation four Regional Committees have been set up, supported by Specialist Pharmacy Service. The four RMOCS across England operating on one model are starting to meet, initially all covering the following three key topics of biosimilars, antimicrobial resistance and polypharmacy. JAPC will be one platform whereby the outputs of the RMOCS will be disseminated.

GUIDELINE GROUP KEY POINTS

1. Chapter 10 has been updated to include the increased risk of mortality with long term quinine use from a recent [BMJ article](#).
2. [Non-malignant pain](#) guidance updated with a back risk stratification tool (STarT Back)
3. The following [detail aids](#) are updated; COPD, NSAIDs and NOAC

MHRA

1. There are rare reports of central serous chorioretinopathy during the administration of corticosteroids not only after use of systemic corticosteroids but also after local administration of topical corticosteroids. Patients should report any vision problems during treatment with corticosteroids and practitioners consider referral of affected patients to an ophthalmologist.
2. After a European review it is recommended that 2 adrenaline auto-injectors are prescribed, which patients should carry at all times.
3. Reminder- Letters sent to Healthcare professionals
4. Valproate medicines: only for use when no other treatment is effective or tolerated in girls, women of childbearing potential, and women who are pregnant or planning pregnancy; important actions required — [letter for specialists, specialist nurses/midwives, and general practitioners](#) and [letter for pharmacists](#)

Drug	BNF	Date considered	Decision		Details
Juxta Cures	Dressing	Sept 2017	Brown after consultant /specialist initiation		Compression device for the treatment of venous leg ulcers. Use after specialist/TVN initiation and patient training. Restricted further after multi-layer compression bandaging considered. Not to be added to repeat prescriptions
Eluxadoline (Truberzi)	GI	Sept 2017	Red		As per NICE TA471 - for treating irritable bowel syndrome with diarrhoea
Asfotase alfa	Not listed	Sept 2017	Red		As per HST6 and NHSE commissioning intentions
Cabozantinib	Malignant disease and immunosuppression	Sept 2017	Red		As per NICE TA 463 and NHSE commissioning intentions
Olaratumab in combination with doxorubicin	Malignant disease and immunosuppression	Sept 2017	Red		As per NICE TA 465 and NHSE commissioning intentions
Baricitinib	Musculoskeletal and joint disease	Sept 2017	Red		As per NICE TA 466 as an option for treating active rheumatoid arthritis
Holoclax	Not listed	Sept 2017	Red		As per NICE TA 467 treating limbal stem cell deficiency after eye burns. NHSE commissioned
Obinutuzumab with bendamustine	Malignant disease and immunosuppression	Sept 2017	Red		As per NICE TA 472 for treating follicular lymphoma refractory to rituximab and NHSE commissioning intentions
Ofatumumab (Arzerra)	Malignant disease and immunosuppression	Sept 2017	Red	Black	Relapsed chronic lymphocytic leukaemia in adults – in combination with fludarabine and cyclophosphamide Drug has various TAs (some positive some negative) in various and combinations. Commissioned as per NHSE policies
Brodalumab (Kyntheum)	Not listed	Sept 2017	Black		Treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy. Awaiting NICE TA
Idelalisib with ofatumumab	Malignant disease and immunosuppression	Sept 2017	Black		As per NICE TA 470 for treating chronic lymphocytic leukaemia

Definitions:

RED: drugs are those where prescribing responsibility lies with a hospital consultant or a specialist.

AMBER: drugs are those that although usually initiated within a hospital setting, could appropriately become the responsibility of the GP, under a shared care agreement.

GREEN: drugs are regarded as suitable for primary care prescribing.

BROWN: drugs are those that JAPC does not recommend for use, except in exceptional circumstances, due to lack of data on safety, effectiveness, and/or cost-effectiveness.

BLACK: drugs are not routinely* recommended or commissioned (*unless agreed through the individual funding request route)

CONSULTANT/SPECIALIST INITIATION: consultant/specialist issues the first prescription usually following a consultation because:

- The patient requires specialist assessment before starting treatment and/ or
- Specialist short term assessment of the response to the drug is necessary.

GPs will be asked to continue prescribing when the patient is stable or predictably stable

CONSULTANT/SPECIALIST RECOMMENDATION: consultant/specialist requests GPs prescribe initial and on-going prescriptions, but ensures:

- There is no immediate need for the treatment and is line with discharge policies and
- The patient response to the treatment is predictable and safe

DERBYSHIRE MEDICINES MANAGEMENT, PRESCRIBING AND GUIDELINES WEBSITE

This website is the first port of call for information on local NHS decisions and guidance on medicines use. It includes: local prescribing formularies, JAPC decisions, traffic lights, shared care guidelines, medicines guidelines, newsletters, controlled drug resources, and other medicines management resources. The site improves upon previous sites in several ways. It is faster, more reliable, has its own search engine, and it is easier to find information. Content is constantly being updated and you can sign up for e-mail alerts to keep you up to date.